

**Release and Consent Form
Education & Training Voucher (ETV) Grant**

Complete and return this Consent form to:

Julie Molenburg
1305 E. Walnut St.
Child and Family Services
Des Moines, IA 50319
Or fax it to: 515-281-6248 Attn: Julie Molenburg

Signing this form will allow officials at your college or university to release information about your grades, financial aid and enrollment status to the ETV Coordinator. The ETV Coordinator uses this information to determine your eligibility for the ETV Grant.

I, _____, voluntarily grant permission
(PRINT NAME)
to the staff at _____ to
(PRINT NAME OF YOUR COLLEGE OR UNIVERSITY)
release information about my:

- Grades
- Student Account
- Financial Aid
- Enrollment status
- Graduation date

To the individuals or organizations listed below:

Julie Molenburg
ETV Coordinator
Iowa College Student Aid Commission/Department of Human Services

This release shall remain in effect as long as I am enrolled as a student at the institution named above.

(Sign your name)

(Today's date)